NOTIFICATION	
CRITICAL	Result was informed to Dr. on 24/05/22 at by Sara, read back confirmed.
REPORTABLE	Result was reported via email to Dr. on 24/05/22 by Sara.
REPORT-ICU	Result was reported via email to ICU Physicians on 24/05/22 by Sara.
EXT.D	NOTE : The patient has NO DOCTOR (EXTERNAL DOCTOR)
F-Clinic Email	thefirstcliniclaboratory@yahoo.com

COMMENT (FOR REVIEW)
The result reviewed and approved by Ms. Zainab Alismail (Microbiology Supervisor)
The result reviewed and approved by Dr. Ahmed Fakhr (Microbiology Consultant)

CRITICAL REPORT
ESBL (Extended Spectrum Beta Lactamase)
MDR (Multi Drug Resistant)
XDR (Extensively-drug resistant)
PDR (Pan-drug Resistant)
CRE (Carbapenem Resistant Enterobacteriaceae)
CARBA-R (Carbapenem Resistant)
VRE (Vancomycin Resistant Enterococcus)
(MRSA) Methicillin (Oxacillin) Resistant Staphylococcus aureus
(CNS) Other Staphylococcus species

CRE PCR RESULT
CRE PCR RESULT: IMP1 NOT DETEDCTED VIM NOT DETECTED NDM NOT DETECTED KPC NOT DETECTED OXA48 NOT DETECTED
CRE PCR COMMENT
Comment for OXA48 Positive cases:
OXA-48-producing Enterobacteriales isolates are commonly sensitive to treatment with ceftazidime-avibactam monotherapy but not to ceftolozane tazobactam.
Comment for NDM Positive cases:
NDM producing Enterobacteriales isolates are strongly resistant to almost all groups of antimicrobials (except for monobactams) including ceftazidime-avibactam. Few combinations options can be used for treatment. Consultation with infectious disease clinicians is recommended.
Comment for Combined Oxa48 + NDM Positive cases:
Oxa48 + NDM producing Enterobacteriales isolates are strongly resistant to almost all groups of antimicrobials. Few combinations options can be used for treatment. Consultation with infectious disease clinicians is recommended.
Comment for KPC Positive cases:
KPC producing Enterobacteriales isolates are among the CRE which are commonly sensitive to ceftazidime-avibactam but not to ceftolozane tazobactam. They have reduced susceptibility to B lactam + Inhibitor combinations such as (Amoxacillin-Clavulanic) and (Piperacillin-Tazobactam). Please correlate results of culture and sensitivity with other clinical and other laboratory data available.
FOR RESULTS INCLUDING "CT" TO ADD THIS COMMENT BELOW:
"According to CLSI 2020 guidelines, colistin is only intermediate or resistant. Limited clinical efficacy for colistin was demonstrated even if an intermediate result is obtained. Alternative agents are strongly preferred or to be used in combination.
FOR **"MSSA"** OR ANY OTHER STAPH **"S"** TO **"OX"** ADD **COMMENT** BELOW:
"Methicillin (Oxacillin) sensitive Staph. spp. is **susceptible to all of the following:**

a) **B- lactam combination agents** (Amoxacillin- Clavulanate, Ampicillin sulbactam, Piperacillin-tazobactam) b) **Oral cephems** (Cefaclor, cefdinir, Cephalexin, Cefprozil, Cefuroxime) c) **Parentral cephems including Cephalosporins I, II, III, and IV** (Cefazoline, Cefepime, Cefotaxime, Ceftriaxone, Cefuroxime) d) **Carbapenems** (Ertapenem, Imipenen, Meropenem)".

FUNGAL CULTURE	
NEG	No Fungus isolated after 4 weeks of incubation.
POS-YST	(Few, Mod, Hea Growth) of X-Organism isolated.
POS-M	(Mold ID) isolated after X-days of incubation.

STOOL CULTURE	
POS	Salmonella species isolated among Normal Enteric Flora. No Shigella or Campylobacter species Isolated.
POS-PURE PSEUDO (PEDIA)	Pseudomonas aeruginosa isolated. No Salmonella or Shigella or Campylobacter species Isolated. "Stool culture revealed pure growth of Pseudomonas in absence of any other GIT **bacterial** pathogen. P. aeruginosa growing in the stool of otherwise healthy children may indicate actual infection and may be associated with severe disease, particularly in infants. Result was reported for your clinical correlation".
POS-PURE PSEUDO (ADULT)	Pseudomonas aeruginosa isolated. No Salmonella or Shigella or Campylobacter species Isolated. "Stool culture revealed pure growth Pseudomonas in absence of any other GIT pathogen. Although Pseudomonas is not normally a GIT pathogen, it has been reported as a cause of diarrhea especially in immunosuppressed patients. Thus result was reported for your clinical correlation".
NG	Absence of normal enteric flora. (To Review the Case with Dr. Ahmed to Include/Exclude

	Comment) “Culture revealed no growth and absent normal flora. This may be normal in young infants and can be attributed to antibiotic administration, NPO or prolonged diarrhea for nonbacterial causes. Please, correlate with patient’s clinical condition”
NF	Normal Enteric Flora No Salmonella, Shigella, Campylobacter species Isolated.
NF-TCBS	Normal Enteric Flora No Salmonella, Shigella, Campylobacter or Vibrio species Isolated.

MRSA CULTURE
(MRSA) Methicillin (Oxacillin) Resistant Staphylococcus aureus strain isolated.

URINE CULTURE	
NG<65	No Growth after 48 hours of incubation.
NG>=65	No Growth after 72 hours of incubation.
PRE-24h	No Growth after 24 hours of incubation.
>= 3-Org	Mixed growth of Skin and Urogenital Microbiota. Re-collect new sample with a new request if clinically indicated.
>= 3-Org	Growth of Skin Microbiota. Re-collect new sample with a new request if clinically indicated.
>= 3-Org	Growth of Urogenital Microbiota. Re-collect new sample with a new request if clinically indicated.
= 3-Org Sterile Site only	Isolation of: 1. >100,000 or # CFU/ML of X-Organism (Critical + strain) isolated.
POS-GBS Pure	>100,000 CFU/ML of Beta haemolytic Streptococcus Group B isolated. Routine susceptibility testing for GBS is **not required**

	since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin, Call lab If Patient is penicillin allergic to test for Clindamycin susceptibility.
MIX + GBS	Mixed Skin/Urogenital Flora and Streptococcus Group B isolated.
POS-YST Pure	>100,000 or # CFU/ML of (Candida albicans or Yeast species other than Candida albicans) isolated.
MIX + YST	Mixed Skin/Urogenital Flora and Yeast species isolated.
POS** (<10)(1-3) Pure Growth	If W/L: LOW or W/L: HIGH
	No Significant Growth.
POS** (<10) (4 & >) Pure Growth	If W/L: HIGH – (WBCs > 25 /HPF)
	<10,000 or # CFU/ML of X-Organism (Critical + strain) isolated. “This is a case of sterile pyuria. Some Noninfectious causes, Antibiotic administration, some parasites, STDs or bacteria which are not growing on ordinary culture media e.g. Chlamydia, Mycoplasma, Mycobacteria, etc, may be a cause for such cases. For your clinical correlation”
POS** (>10)Pure Growth	If W/L: LOW - (WBCs <10/HPF)
	>100,000 or # CFU/ML of X-Organism (Critical + strain) isolated. “Many positive urine cultures could represent colonization or contamination during sample collection and transportation and may not need to be treated, for your clinical correlation”.
POS-SALMO	>100,000 or # CFU/ML of Salmonella species isolated.“The identification of the isolated Salmonella was confirmed twice. Although Extraintestinal infections are uncommon, however Urinary tract infection caused by Salmonella was reported and is usually associated with structural abnormalities of the urinary tract or systemic salmonella infection. Please correlate with patient clinical and other lab data.”
POS	>100,000 or # CFU/ML of X-Organism (Critical + strain) isolated.

GBS SWAB CULTURE
Beta haemolytic Streptococcus Group B isolated. Routine susceptibility testing for GBS is **not required** since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin, Call lab If Patient is penicillin allergic to test for Clindamycin susceptibility.

THROAT SWAB CULTURE	
=< 5 Y.O	Mixed Throat Flora, No Beta haemolytic Streptococcus isolated. No Haemophilus species Isolated.
> 5 Y.O	Mixed Throat Flora, No Beta haemolytic Streptococcus isolated.
POS (A,C,G)	Beta haemolytic Streptococcus (ID+Group X) or (Group X) isolated among Normal Throat Flora.
POS-YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Throat Flora.

MOUTH SWAB CULTURE	
NF	Mixed Oral Flora isolated.
BHS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus (ID+Group X) or (Group X) isolated among Normal Oral Flora.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Oral Flora.

DIPHTERIA SCREEN CULTURE	
NEG	No Diphteriae species isolated.
POS	Corynebacterium diphteriae isolated.

NASAL SWAB CULTURE	
NG	No Growth after 48 hours of incubation.

NF	Normal Nasal Flora isolated.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated.

NASOPHARYNGEAL SWAB CULTURE	
NG	No Growth after 72 hours of incubation.
NF	Normal Nasal Flora isolated.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated.

RESPIRATORY CULTURE	
NG	No Growth after 48 hours of incubation.
NF	Normal Respiratory Flora isolated.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Respiratory Flora.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Respiratory Flora.

URETHERAL SWAB CULTURE	
NG	No growth after 72 hours of incubation, No Neisseria gonorrhea isolated.
NF	Mixed Urethral Flora, No Neisseria gonorrhea isolated.
GBS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus Group B isolated. No Neisseria gonorrhea isolated.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated. No Neisseria gonorrhea isolated.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated. No Neisseria gonorrhea isolated.
POS-NIE	(Few, Mod, Hea Growth) of Neisseria gonorrhea isolated.

1 . HVS GENITAL CULTURE	
2. LABIA GENITAL CULTURE (FEMALE SEXUAL ACTIVE 12 – 50 YEARS OLD)	
NG	No growth after 72 hours of incubation.
NF	"Normal Vaginal Flora isolated"
SLIDE-1	White Blood Cells: "No Bacterial Vaginosis present".
SLIDE-2	No White Blood Cells seen "No Bacterial Vaginosis present".
SLIDE-3	IF NUMBER OF CELLS ARE "LOW" REPORTED AS:
	"The sample has low number of cells insufficient to assess for vaginitis. Recollection of another sample is required."
SLIDE-4	For Post-Menopausal Women (>50 yrs.) THIS COMMENT WILL BE ADDED to all "Vaginal Smear" reports:
	"Results may not be reliable in post-menopausal women. Correlate with the clinical picture."
SLIDE-5	In case of Presence of 3+ to 4+ PMNS Add this comment:
	"Presence of purulence suggests the presence of another infection and/or inflammatory condition. Correlate with clinical picture".
POS-BV Zainab	Absence of Normal Vaginal Flora No White Blood Cells seen or White Blood Cells: "Bacterial Vaginosis present".
POS-BV Dr. A	Absence of Normal Vaginal Flora or Altered Vaginal Flora No White Blood Cells seen or White Blood Cells: "Smear consistent with Bacterial Vaginosis."
POS-BV INTERM Zainab	Mixed Vaginal Flora or Absence of Normal Vaginal Flora No White Blood Cells seen or White Blood Cells: "Intermediate Score Suspected Bacterial Vaginosis".
POS-BV INTERM Dr. A	NUGET SCORE (4-6) & **NO** CLUE CELLS SEEN:
	Altered Vaginal Flora or Absence of Normal Vaginal Flora No White Blood Cells seen or White Blood Cells: Nuget score = "Gram stain shows altered vaginal flora. Results are indeterminate for Bacterial Vaginosis"

	Refrence range: 0 – 3 is negative for Bacterial vaginosis 4 – 6 is Intermediate score suspected bacterial vaginosis >= 7 is indicative for bacterial vaginosis
	NUGET SCORE (4-6) & CLUE CELLS SEEN:
	Altered Vaginal Flora or Absence of Normal Vaginal Flora No White Blood Cells seen or White Blood Cells: Nuget score = "Presence of Clue cells suggest transition of vaginal flora towards Bacterial Vaginosis; repeat testing of another vaginal smear is recommended." Refrence range: 0 – 3 is negative for Bacterial vaginosis 4 – 6 is Intermediate score suspected bacterial vaginosis >= 7 is indicative for bacterial vaginosis
NUGET SCORE	Nuget score = Refrence range: 0 – 3 is negative for Bacterial vaginosis 4 – 6 is Intermediate score suspected bacterial vaginosis >= 7 is indicative for bacterial vaginosis
NO.NUG SCORE	Cervical, Perineal or vulvar samples not to be reported for Nugent score.
GBS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus Group B isolated among Normal Vaginal Flora. Routine susceptibility testing for GBS is **not required** since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin, Call lab If Patient is penicillin allergic to test for Clindamycin susceptibility.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Vaginal Flora.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Vaginal Flora.

LABIA GENITAL CULTURE (<12 – >50 YEARS OLD)	
NG	No growth after 72 hours of incubation.

NF	Absence of Normal Genital Flora.
GBS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus Group B isolated among Normal Genital Flora. Routine susceptibility testing for GBS is **not required** since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin, Call lab If Patient is penicillin allergic to test for Clindamycin susceptibility.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Genital Flora.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Genital Flora.

OTHER GENITAL CULTURE (PERINIUM "FEMALE")	
NG	No growth after 72 hours of incubation.
NF	Normal Genital Flora isolated.
GBS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus Group B isolated among Normal Genital Flora. Routine susceptibility testing for GBS is **not required** since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin, Call lab If Patient is penicillin allergic to test for Clindamycin susceptibility.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Genital Flora.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Genital Flora.

OTHER GENITAL CULTURE (PERINIUM "MALE")	
NG	No growth after 72 hours of incubation.
NF	Normal Genital Flora isolated.
GBS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus Group B isolated among Normal Genital Flora.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Genital Flora.

POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Genital Flora.

SEMEN CULTURE	
NG	No growth after 72 hours of incubation.
NF	Mixed Urethral Flora.
GBS	(Few, Mod, Hea Growth) of Beta haemolytic Streptococcus Group B isolated.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated.
POS-NIE	(Few, Mod, Hea Growth) of Neisseria gonorrhea isolated.

IUD CULTURE	
NG	No growth after enrichment.
GBS	Beta haemolytic Streptococcus Group B isolated from enrichment broth culture. Routine susceptibility testing for GBS is **not required** since GBS isolates are generally susceptible to penicillin, ampicillin, cefazolin, and vancomycin, Call lab If Patient is penicillin allergic to test for Clindamycin susceptibility.
YST	(Candida albicans or Yeast species other than Candida albicans) isolated from enrichment broth culture.
POS	X-Organism (Critical + strain) isolated from enrichment broth culture.
BROTH	X-Organism (Critical + strain) isolated from broth culture only.

CATHETER TIP CULTURE	
NG	No growth after enrichment.
>3-Org	>15 CFU or Mixed bacterial growth, sample is not suitable for bacterial identification.

POS	< or >15 CFU of X-Organism (Critical + strain) isolated.
BROTH	X-Organism (Critical + strain) isolated from broth culture only.

EAR SWAB CULTURE	
NG	No growth after 72 hours of incubation.
NF	Normal Skin Flora isolated.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Skin Flora.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Skin Flora.

EYE SWAB CULTURE	
NG	No growth after 72 hours of incubation.
NF	Normal Skin Flora isolated.
POS	(Few, Mod, Hea Growth) of X-Organism (Critical + strain) isolated among Normal Skin Flora.

CULTURE SWAB /SURPERFACIAL (“LABIA/PERINIUM” AS CULTURE SWAB)	
NG	No growth after 72 hours of incubation.
NF	Normal Skin Flora isolated.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Skin Flora.
POS	(Few, Mod, Man Growth) of X-Organism (Critical + strain) isolated among Normal Skin Flora.

SURGICAL CULTURE/WOUND (“LABIA/PERINIUM/VULVA” AS CULTURE SWAB)	
PRE-1	No growth after 24 hours of incubation.
PRE-2	No growth after 48 hours of incubation.
PRE-3	No growth after 72 hours of incubation.
NG	No aerobic or anaerobic growth after enrichment
NF	Normal Skin Flora isolated.
YST	(Few, Mod, Hea Growth) of (Candida albicans or Yeast species other than Candida albicans) isolated among Normal Skin Flora.
POS	(Few, Mod, Man Growth) of X-Organism (Critical + strain) isolated among Normal Skin Flora.
BROTH	X-Organism (Critical + strain) isolated from broth culture only.
∅	X-Organism isolated from broth culture only.

BODY FLUID CULTURE	
PRE-1	No growth after 24 hours of incubation.
PRE-2	No growth after 48 hours of incubation.
PRE-3	No growth after 72 hours of incubation.
NEG	No aerobic or anaerobic growth after enrichment
POS	(Few, Mod, Man Growth) of X-Organism (Critical + strain) isolated
BROTH	X-Organism (Critical + strain) isolated from broth culture only.
∅	X-Organism isolated from broth culture only.

POSITIVE BLOOD CULTURE

X-Organism (Critical + strain) isolated from aerobic and anaerobic bottles.	
∅	X-Organism isolated from aerobic and anaerobic bottles.
2X-Org	Isolation of: 1. X-Organism (Critical + strain) from aerobic and anaerobic bottles. 2. X-Organism (Critical + strain) from aerobic and anaerobic bottles.

ESBL ORGANISMS:

**NOTE:
"CARBA GROUP + AK" IN 2 ISOLATES WITH ONE ESBL
IF ONE ISOLATE IS ESBL AND THE OTHER IS NORMAL WE HAVE TO RELEASE THE CARBA GROUP + AK IN THE NORMAL ALSO
**NOTE:
"CARBA GROUP + AK" IN 2 ISOLATES WITH ONE ESBL & CRE
IF ONE ISOLATE IS ESBL + CRE AND THE OTHER IS NORMAL WE HAVE TO RELEASE THE CARBA GROUP + AK IN THE NORMAL ALSO
**NOTE:
"CT" IN 2 ISOLATES WITH ONE ESBL & CRE
RELEASE IF ONLY APPLICABLE (TO AVOID WASTING 292 CARDS)
**NOTE:
NO ESBL (+) SCREEN IN VITEK RESULT WITH "R" CEPHALOSPORINS
REVITEK AND CONFIRM MANUAL
**NOTE:
ESBL (+) SCREEN IN VITEK RESULT WITH "S" CRO
CONFIRM MANUAL

SPICE ORGANISMS:

**NOTE:
SPICE GROUP
IF AMC, AMP ARE INTRINSIC "R" WILL NOT INCLUDED IN COUNTING FOR MDR.

**NOTE:
SERRATIA SPECIES
IN CASE THE SERRAIA CAN BE IDENTIFIED MORPHOLOGICLLY, BETTER TO ADD MANUALLY (TZP,AK,IPM), BECAUSE OF INCOMPLETE VIT RESULTS SOME TIMES.
**NOTE:
Enterobacter aerogenes, Citrobacter and Serratia are (S) to 3rd gener. cephalosporin
In case if Enterobacter aerogenes, Citrobacter and Serratia are "SENSITIVE" to **3rd** generation cephalosporin **(CAZ, CTX, CRO, CFM),** add this **comment:**
This isolate may become resistant to 3rd generation cephalosporin after 3 – 4 days of initiating the therapy, so a follow up sample is recommended.

MDR'S ORGANISMS:

**NOTE:
ADD LEV
ACCORDING TO DOCTOR REQUEST OR MDR'S TO CONFIRM "R" OF CIP GROUP
**NOTE:
"CARBA GROUP + AK" IN 2 ISOLATES WITH ONE MDR
IF ONE ISOLATE IS MDR AND THE OTHER IS NORMAL WE HAVE TO RELEASE THE CARBA GROUP + AK IN THE NORMAL ALSO
**NOTE:
"CT + TGC" IN 2 ISOLATES WITH ONE MDR
RELEASE IF ONLY APPLICABLE (TO AVOID WASTING 292 CARDS)
**NOTE:
MANUAL IPM, MEM + PCR FOR CRE
MANUAL TO CONFIRM THE "R" OF CARBAPENEM GROUP + CRE PCR TO RELEASE OTHER SUBGROUPS IN ALL ENTEROBACTERIACEAE EXCEPT PPM (PROVIDENCIA, PROTEUS, MORGANELLA)
**NOTE:
COMMENT FOR CRE WITH "NEGATIVE" PCR
The strain's gene responsible for Carbapenem resistance couldn't be detected using Xpert® Carba-R PCR technique. This might be attributed to a rare gene which is not included in the Xpert® Carba-R PCR panel performed or due to a Carbapenem resistant (CRE) but not Carbapenem**ase** producer strain.
**NOTE:
MDR

TO ADD CT AND TGC
**NOTE:
CT FOR ALL MDRO ISOLATES
MDR-ACINETOBACTER/ MDR-PSEUDOMONAS/ MDR-ENTEROBACTERALES REVITEK USING 292 CARD FOR “CT” (NO MANUAL ONLY MIC ALLOWED)
**NOTE:
NO “CT” RESULT FROM “292 RE-RUN” FOR MDR-ENTEROBACTERALES
TO TRANSFER THE ORGANISM INTO PSEUDOMONAS AERUGINOSA AND REPORT “CT” BY “MIC” SHOWN IN VITEK REPORT
**NOTE:
MDR OR XDR PSEUDOMONAS AERUGINOSA
IN CASE OF MDR OR XDR P.AERUGINOSA, ADD **Ceftazidime-tazobactam & CT**
**NOTE:
IN MDR OR XDR PSEUDOMONAS AERUGINOSA IF CARBA IS “R”
ADD **Ceftazidime-avibactam**
**NOTE:
XDR ENTEROBACTERALES
IN CASE OF XDR ENTEROBCTERICAE, ADD **Ceftazidime-avibactam**
**NOTE:
CRE “ONLY” KLEBSIELLA PNEUMONIAE
ADD **Ceftazidime-avibactam**
**NOTE:
Ceftazidime-tazobactam FOR XDR - ENTEROBACTERIACAE
ONLY ON PHYSICIAN REQUEST BUT SHOULD NOT BE “CRE”
Ceftazidime-tazobactam / Ceftazidime-avibactam: Both in Core Lab freezer used in Muller hinton agar.
**NOTE:
CARBA-R ACINETOBACTER
NO NEED TO ADD “CT” & WILL NOT BE CONDSIDERED AS “CRITIAL”. “CARBA-R” WILL NOT BE MENTIONED IN REPORT AS PER DR.AHMED.
**NOTE:
MDR / XDR ACINETOBACTER
ONLY MDR / XDR ACINETOBACTER WILL BE CONDSIDERED AS “CRITIAL”
**NOTE:
CARBA-R PSEUDOMONAS AERUGINOSA
TO ADD AK (NO NEED TO ADD CT , C/T OR CZA)
**NOTE:

MDR-ACINETOBACTER & MDR-PSEUDOMONAS AERUGINOSA
TZP NOT INCLUDED IN COUNTING OF MDR GROUPS
**NOTE:
MDR / XDR PSEUDOMONAS AERUGINOSA & CARBA-R
WILL BE REPORTED AS MDR OR XDR WITHOUT MENTIONING " & CARBA-R"
**NOTE:
CRE
TO ADD CT
**NOTE:
CT IN MDRO FOR ALL ORGANISMS
CT CAN NOT BE "S" ANY MORE INCASE OF "S" > REPORT IT AS "I" IN CR,MDR & XDR
INCASE OF "I" > REPORT IT AS "R" IN PDR
**NOTE:
COMMENT FOR CRE WITH "Known Case" PCR
TO WRITE IN COMMENT KNOWN CASE OF CRE…… STRAIN.
**NOTE:
ELORES ANTIBIOTIC
Performed for all MDR , XDR , PDR Enterobacteriaceae or MDR , XDR , PDR Acinetobacter isolated from ICU patients only.
**NOTE:
PDR – ENTEROBACTERIACAE
NO MORE PDR CASES, INCASE OF ALL "R" >> **Ceftazidime-avibactam** WILL BE COUNTED AND COSIDERED AS "XDR" (ONLY ON THIS CASE WILL BE COUNTED)
**NOTE:
For any XDR with COLISTIN "R" & NO-STOCK **Ceftazidime-avibactam** add NOTE:
We can't test for Ceftazidime-avibactam antibiotic sensitivity because we are currently out of stock.
**NOTE:
CRE & CARBA-R WITH OLNY ONE CARBA GROUP ANTIBIOTIC "R"
EITHER IPM OR MEM "R" >> TO MAKE THEM ALL "R"
**NOTE:
TOBRAMYCIN IN MDRO-ACINETOBACTER & MDRO-PSEUDOMONAS AERUGINOSA
WILL BE COUNTED & REPORTED ONLY IN EYE/EAR/WOUND.
**NOTE:
MDRO ORGANISMS FOR DECEASED PATIENT
NO NEED TO DO EXTRA WORKLOAD , REVITEK OR MANUAL LIKE CT, CZA, C/T.

GPC ORGANISMS:

**NOTE:
VANCOMYCIN INTRISIC RESISTANT
(Few, Mod, Man Growth) of Enterococcus (casseliflavus or galliranum) Vancomycin Resistant isolated. NOTE: The Organism is Intrinsically Resistant to Vancomycin.
**NOTE:
VANCOMYCIN “R” IN STAPHYLOCOCCUS
RE-VITEK TO RE-CHECK (ONLY MIC)
**NOTE:
LINEZOLID “R” IN ENTEROCOCCUS SPP.
TO CONFIRM MANUALLY, IF STILL “R” >> REPORT (According to Dr. Ahmed)
**NOTE:
FOR “MSSA” OR ANY OTHER STAPH “S” TO “P”
DON’T RELEASE “P” UNTIL CHECK WITH DR. AHMED.
**NOTE:
FOR ANY “HAEMOPHILUS SPP.” “S” TO “P” & “AMP”
DON’T RELEASE “P” UNTIL CHECK WITH DR. AHMED.

MANUAL NOTES:

**NOTE:
MANUAL CONFIRM
FOR ANY MANUAL WE WILL ADD IN COMMENT:
The Result is Confirmed by Manual Method.

PEDIA NOTES:

**NOTE:
PEDIA AGE
<OR= 14 Y.O
**NOTE:
NOT GIVEN TO PEDIA
FLUOROQUINOLONES GROUP: “CIP – LEV – NOR” / CHLOROAMPHINICOL “C”
TETRACYCLINE “ TE” and all “CYCLINE” Antibiotics

VITEK NOTES:

**NOTE:
BURKHULDERIA VITEK SESITIVITY
To get SENSITIVITY RESULTS switch BURKHULDERIA CEPACIA

GROUP into BURKHULDERIA CEPACIA (Second Choice) with out “group”.

ANTIBIOTICS NOTES:

**NOTE:
LEV AND CIP
SHOULD HAVE THE SAME SENSITIVITY IN STAPHYLOCOCCUS AND HAEMOPHILUS
**NOTE:
CIP AND NOR
IN “URINE” SAMPLES FOR ENTEROBACTERALES AND PSEUDOMONAS INCASE “CIP” > “S” NO NEED TO ADD NOR BUT IF “CIP” > “R” WE WILL ADD NOR
**NOTE:
TE IN STENO.
TE IS “INTRINSIC RESISTANT” IN STENOTROPHOMONAS SHOULD BE “R” ONLY INCASE IT WAS “S” DO NOT RELEASE.

SALMONELLA NOTES:

**NOTE:
CIP
TO ADD CIP (DISC) INCASE OF ADULT ONLY
**NOTE:
AZITHROMYCIN ANTIBIOTIC
1- Used in cases “Resistant” to first line antibiotics (Ampicillin, SXT, fluoroquinolones, 3rd generation Cephalosporin and/or Chloamphenicol 2- In children less than 18 years routinely.
**NOTE:
MDR SALMONELLA
Resistant to 3 of those (Ampicillin, SXT, Ciprofloxacin Or Levo, Ceftriaxone Or Cefotaxime, and/or Chloamphenicol)
**NOTE:
XDR SAMONELLA
Resistant to “chloramphenicol, ampicillin, trimethoprim-sulfamethoxazole, fluoroquinolones, and third-generation cephalosporins” and only sensitive to Azithromycin.
**NOTE:
NO PDR SALMONELLA
Do not report as PDR as no Consensus for this term in Salmonella.

EMAILING NOTES:

**NOTE:
BURKHULDERIA & STENOTROPHOMONAS MALTOPHILIA
TO SEND AN EMAIL AS REPORTABLE

DR.AHMED COMMENTS IN SPECIAL CASES:

Discrepant PCR and Culture Results (PCR (+) but No Growth in Culture)
Although PCR showed Few Haemophilus and Klebsiella species detected, culture showed no pathogenic bacterial growth. This might indicate absence of viable organism in sample most probably as a result of antibiotic administration. Please correlate with patient history and clinical data. Another sample is advised to be collected if still clinically indicated.
Sterile Pyuria **** To Be reviewd - If W/L: HIGH
No Significant Growth. "This is a case of sterile pyuria. Some Noninfectious causes, Antibiotic administration, some parasites, STDs or bacteria which are not growing on ordinary culture media e.g. Chlamydia, Mycoplasma, Mycobacteria, etc, may be a cause for such cases. Please correlate with patient's clinical and other laboratory data".
If There is a case which have bacteruria <10000 colonies of same species and has no significant pus in urine (< 10/HPF) with a co-indicator of infection or necessity to be treated.
Culture revealed pure growth of < 10000 CFU/ml of……. with no significant pyuria. Some of these cases may need treatment. Please correlate with patient's clinical and other laboratory data.
If there is a case which have Significant bacteruria >10000 colonies of same species and has no significant pus in urine (< 10/HPF)
(This is a case of significant bacteruria without significant pyuria. If sample collection and transportation was properly done, Some of

these cases may need treatment. Please correlate with patient's clinical and other laboratory data).
This is a universal comment for Blood Culture with a potential contaminant you can use. **Blood Culture Contamination**
"Culture revealed growth of ……. from ……. bottle only. At least growth of the same organism from 2 culture bottles is required to confirm its role in the current pathogenesis and to exclude contamination during sample collection. Please correlate with patient clinical and other laboratory data."
Kocuria kristinae Comment (ID & Comment only)
Culture revealed only the growth of Kocuria spp (Formerly known as one of Micrococci). These organisms are considered harmless saprophytes that inhabit or contaminate the skin and mucosa. Please correlate with patient history and clinical data. Susceptibility testing of this organism is not standardized.
Significant Diphtheroids Comment
" Significant growth of Diphtheroids (a common skin contaminant) was observed. Despite being a rare cause of infection, however heavy colonization of the organism could predispose to infection later on, especially in immunocompromised patients. Aseptic technique in sample collection is also to be considered. Please correlate with your patient clinical condition and other lab data."
Reported Growth of Contamination
Culture revealed few growth of ….. Contamination during sample collection should be excluded. Please correlate with patient clinical and other laboratory data.
Non-significant but reported "Neisseria cinerea"
Culture revealed heavy growth of Neisseria cinerea (Identification was performed twice). Neisseria cinerea has many common characters with the known pathogen Neisseria gonorrhea However it is non reported to have a role in gonorrhaea. Please correlate with patient history, clinical and other laboratory data.
Comment for Clindamycin if it is "R" in GBS
"Vancomycin is the drug of choice for prophylaxis of women with severe penicillin allergy when clindamycin is resistant. Routine testing of vancomycin is not indicated."
*** New comment can be used in suitable cases: e.g. Respiratory, skin, Urine low count. Review with me** Many positive cultures from non-sterile sites could represent contamination or colonization and may not need to be treated, for your clinical correlation.
*** New comment can be used in Uncomplicated diarrhea due to Non typhoidal salmonella. Review with me** Antimicrobial therapy is generally not indicated for patients with uncomplicated gastroenteritis caused by non-typhoidal Salmonella

spp. Please correlate with patient history, clinical and laboratory data.
VIM
(VIM) Verona integron-borne metallo-β-lactamase producing Enterobacterales isolates are strongly resistant to almost all groups of antimicrobials including ceftazidime-avibactam (except for monobactams). **Ceftazidime-avibactam combined with aztreonam** is a promising therapeutic option for your clinical correlation. Consultation with infectious disease clinicians is recommended.

Urine culture	
Code	Translation
NG48	No growth after 48 hours
NG72	No growth after 72 hours
GBSS	GBS Comment
MIXS	Skin flora
MIXU	Urogenital flora
REJ1	Leaked sample
QNS	Quantity not sufficient
REJ2	Wrong sample received
Stool culture	
Code	Translation
NEFSS	Normal enteric flora no sal, shig, campy or vibrio
NSS	Normal enteric flora no sal, shig or campy
NG	Absence of normal enteric flora
Blood culture	
Code	Translation
GPCC	Gram positive cocci in clusters seen
NG5	No growth from both after 5 days
NG20	No growth from both after 20 days
NGA	No growth from aerobic
NGAN	No growth from anaerobic
General culture	
Code	Translation
NSF	Normal skin flora
NGE	No growth after enrichment
NG24	No growth after 24
YST	Yeast species
CA	Candida albicans
URT	No Neisseria gonn

MIXU	Mixed urethral flora
REJ3	In case saliva
REJ4	Double order
QNS	Quantity not sufficient
H	Heavy growth don’t say Many growth anymore
F	Few growth don’t say scant growth anymore